CLEARVIEW FDD 199 HOME RD

JUNEAU	53039	Phone: (920) 386-340	0	Ownership:	County
Operated from	1/1 To 12/31	Days of Operation	: 366	Highest Level License:	FDDs
Operate in Co	njunction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Bed	s Set Up and St	affed (12/31/04):	72	Title 18 (Medicare) Certified?	No
Total License	d Bed Capacity	(12/31/04):	72	Title 19 (Medicaid) Certified?	Yes
Number of Res	idents on 12/31	/04:	70	Average Daily Census:	69

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12	2/31/04)	Length of Stay (12/31/04)	ઇ
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	4.3
Supp. Home Care-Personal Care	No					1 - 4 Years	15.7
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	67.1	More Than 4 Years	80.0
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	20.0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	10.0		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	2.9	******************	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	0.0	65 & Over	32.9		
Transportation	No	Cerebrovascular	0.0			RNs	2.1
Referral Service	No	Diabetes	0.0	Gender	왕	LPNs	12.6
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	44.3	Aides, & Orderlies	62.6
Mentally Ill	No			Female	55.7		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes				100.0		

Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other			Private Pay	:		amily Care			anaged Care	L		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				69	100.0	183	0	0.0	0	1	100.0	260	0	0.0	0	0	0.0	0	70	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		69	100.0		0	0.0		1	100.0		0	0.0		0	0.0		70	100.0

*******	*****	******	******	****	******	*****	******		
Admissions, Discharges, and	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04								
Deaths During Reporting Period									
					% Needing		Total		
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of		
Private Home/No Home Health	33.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents		
Private Home/With Home Health	0.0	Bathing	0.0		67.1	32.9	70		
Other Nursing Homes	33.3	Dressing	22.9		47.1	30.0	70		
Acute Care Hospitals	33.3	Transferring	48.6		24.3	27.1	70		
Psych. HospMR/DD Facilities	0.0	Toilet Use	25.7		47.1	27.1	70		
Rehabilitation Hospitals	0.0	Eating	41.4		34.3	24.3	70		
Other Locations	0.0	********	******	*****	******	*******	******		
Total Number of Admissions	3	Continence		ક	Special Treatmen	nts	%		
Percent Discharges To:		Indwelling Or Externa	al Catheter	1.4	Receiving Res	piratory Care	5.7		
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	62.9	Receiving Tra	cheostomy Care	0.0		
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	60.0	Receiving Suc	tioning	1.4		
Other Nursing Homes	0.0				Receiving Ost	omy Care	8.6		
Acute Care Hospitals	20.0	Mobility			Receiving Tub	e Feeding	7.1		
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	21.4	Receiving Mec	hanically Altered Diet	ts 55.7		
Rehabilitation Hospitals	0.0								
Other Locations	0.0	Skin Care			Other Resident	Characteristics			
Deaths	80.0	With Pressure Sores		1.4	Have Advance	Directives	67.1		
Total Number of Discharges		With Rashes		2.9	Medications				
(Including Deaths)	5				Receiving Psy	choactive Drugs	45.7		

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

50.9

45.7

10.4

Impaired ADL (Mean)*

Psychological Problems

Nursing Care Required (Mean)*

	This	I	FDD		All	
	Facility	Fac	cilities	Facilties		
	8	%	Ratio	%	Ratio	
cupancy Rate: Average Daily Census/Licensed Beds	91.8	93.1	0.99	88.8	1.03	
rrent Residents from In-County	48.6	35.3	1.38	77.4	0.63	
lmissions from In-County, Still Residing	33.3	11.4	2.94	19.4	1.72	
lmissions/Average Daily Census	4.3	20.4	0.21	146.5	0.03	
scharges/Average Daily Census	7.2	28.3	0.26	148.0	0.05	
scharges To Private Residence/Average Daily Census	0.0	12.1	0.00	66.9	0.00	
sidents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00	
sidents Aged 65 and Older	32.9	16.0	2.05	87.9	0.37	
tle 19 (Medicaid) Funded Residents	98.6	99.1	0.99	66.1	1.49	
ivate Pay Funded Residents	1.4	0.5	2.79	20.6	0.07	
relopmentally Disabled Residents	100.0	99.2	1.01	6.0	16.57	
ntally Ill Residents	0.0	0.4	0.00	33.6	0.00	
neral Medical Service Residents	0.0	0.4	0.00	21.1	0.00	

55.0

48.1

10.7

0.93

0.95

0.96

49.4 1.03

57.7 0.79

7.4 1.39